FOR OHF USE

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033803

Facility Name: Anchorage of Beecher

Address: 1201 Dixie Highway (Number) Beecher (City) 60401 (Zip Code)

County: Will

Telephone Number: 708-946-2600 **Fax #** 708-946-9411

IDPA ID Number: 36-2166970-002

Date of Initial License for Current Owners: 09/12/1988

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501c3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Donald H. Primdahl **Telephone Number:** 630-521-8034

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/2002 to 06/30/2003 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) Thomas L. Noesen
(Title) Treasurer

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	96	Skilled (SNF)	96	35,040	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	96	TOTALS	96	35,040	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	18,774	9,686	2,772	31,232	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,774	9,686	2,772	31,232	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.13%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Home Delivered Meals, Staff Food Costs

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 09/12/88

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 09/12/88 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 14 and days of care provided 2,772

Medicare Intermediary Adminastar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 06/30/03 Fiscal Year: 06/30/03

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	A. General Services											
1	Dietary	202,558	16,422	8,111	227,091		227,091		227,091			1
2	Food Purchase		188,065		188,065	(8,083)	179,982	(13,975)	166,007			2
3	Housekeeping	107,519	22,519	34	130,072		130,072		130,072			3
4	Laundry			94,102	94,102		94,102		94,102			4
5	Heat and Other Utilities			64,671	64,671		64,671		64,671			5
6	Maintenance	70,758	7,058	26,628	104,444		104,444		104,444			6
7	Other (specify):*											7
8	**TOTAL General Services**	380,835	234,064	193,546	808,445	(8,083)	800,362	(13,975)	786,387			8
	B. Health Care and Programs											
9	Medical Director			13,775	13,775		13,775		13,775			9
10	Nursing and Medical Records	1,642,590	265,293	74,074	1,981,957	(66,160)	1,915,797		1,915,797			10
10a	Therapy	91,765	4,041	238,502	334,308		334,308		334,308			10a
11	Activities	65,404	(679)	10,665	75,390	21,460	96,850		96,850			11
12	Social Services	41,728		656	42,384		42,384		42,384			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,841,487	268,655	337,672	2,447,814	(44,700)	2,403,114		2,403,114			16
	C. General Administration											
17	Administrative	76,427			76,427	144,405	220,832		220,832			17
18	Directors Fees											18
19	Professional Services			477,889	477,889	(217,249)	260,640	138,017	398,657			19
20	Dues, Fees, Subscriptions & Promotions			12,803	12,803	727	13,530	(963)	12,567			20
21	Clerical & General Office Expenses	151,566	8,946	41,258	201,770	5,990	207,760		207,760			21
22	Employee Benefits & Payroll Taxes			645,248	645,248	36,473	681,721		681,721			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,420	2,420	2,167	4,587		4,587			24
25	Other Admin. Staff Transportation			1,256	1,256	5,559	6,815		6,815			25
26	Insurance-Prop.Liab.Malpractice			63,399	63,399		63,399		63,399			26
27	Other (specify):*											27
28	**TOTAL General Administration**	227,993	8,946	1,244,273	1,481,212	(21,928)	1,459,284	137,054	1,596,338			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,450,315	511,665	1,775,491	4,737,471	(74,711)	4,662,760	123,079	4,785,839			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Anchorage of Beecher #0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			66,232	66,232		66,232	28,402	94,634			30
31	Amortization of Pre-Op. & Org.			3,043	3,043		3,043	(3,043)				31
32	Interest			161,884	161,884		161,884	(2,118)	159,766			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					87	87		87			34
35	Rent-Equipment & Vehicles			5,778	5,778	(5,628)	150		150			35
36	Other (specify):*											36
37	**TOTAL Ownership**			236,937	236,937	(5,541)	231,396	23,241	254,637			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			7,667	7,667	71,938	79,605		79,605			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops					8,314	8,314		8,314			41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			60,227	60,227	80,252	140,479		140,479			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,450,315	511,665	2,072,655	5,034,635		5,034,635	146,320	5,180,955			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(13,975)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	28,402	30		9
10	Interest and Other Investment Income	(2,118)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(963)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ 11,346		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense	(3,043)	31	33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule **VIII-B**	169,427	19	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 166,384		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 177,730		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops	X		8,314	2	40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs	X		71,938	10	43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$ 80,252		47

Anchorage of Beecher

ID# 0033803

Report Period Beginning: 07/01/2002

Ending: 06/30/2003

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Anchorage of Beecher # 0033803 **Report Period Beginning:** 07/01/2002 **Ending:** 06/30/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(13,975)	0	0	0	0	0	0	0	0	0	0	(13,975)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(13,975)	0	0	0	0	0	0	0	0	0	0	(13,975)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	169,427	(31,410)	0	0	0	0	0	0	0	0	0	138,017	19
20	Fees, Subscriptions & Promotions	(963)	0	0	0	0	0	0	0	0	0	0	(963)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	168,464	(31,410)	0	0	0	0	0	0	0	0	0	137,054	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	154,489	(31,410)	0	0	0	0	0	0	0	0	0	123,079	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Anchorage of Beecher** **#** **0033803** **Report Period Beginning:** **07/01/2002** **Ending:** **06/30/2003**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	28,402	0	0	0	0	0	0	0	0	0	0	28,402	30
31	Amortization of Pre-Op. & Org.	(3,043)	0	0	0	0	0	0	0	0	0	0	(3,043)	31
32	Interest	(2,118)	0	0	0	0	0	0	0	0	0	0	(2,118)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	23,241	0	0	0	0	0	0	0	0	0	0	23,241	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	177,730	(31,410)	0	0	0	0	0	0	0	0	0	146,320	45

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bensenville Home Society	100	Anchorage of Bensenville	Bensenville	LIFELINK AREA		INDEPENDENT
Lifelink Corporation (BHS Parent)	100	Pine Acres Care Center	DeKalb	HOUSING	VARIOUS	LIVING
				BRIDEWAY OF		INDEPENDENT
				BENSENVILLE	BENSENVILLE	LIVING
				LIFELINK CHARITI	BENSENVILLE	FUND RAISING
				LIFELINK SERVICE	BENSENVILLE	PROJ. DEVEL.
				SEE ATTACHED		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management Fees	$ 82,143	Lifelink Corporation (V.P. Health Care)	100.00%	$ 53,962	$ (28,181)	1
2	V	19	Management Fees	12,902	Lifelink Corporation (Pastoral care)	100.00%	12,167	(735)	2
3	V	19	Management Fees	19,129	BHS (Volunteer Coordinator)	100.00%	16,737	(2,392)	3
4	V	19	Management Fees	2,107	BHS (Intergenerational Coordinator)	100.00%	2,005	(102)	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 116,281			$ 84,871	$ * (31,410)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week Hours	Percent	Compensation Included in Costs for this Reporting Period** Description	Amount	Schedule V. Line & Column Reference	
1	CARL ZIMMERMAN	PRESIDENT	ADMIN.	NONE	29,598	3.08	7.69	SALARY	$ 8,464	17-7	1
2	ROBERT LOGSTON	EXEC. VP ADMIN.	ADMIN.	NONE	29,598	3.08	7.69	SALARY	8,464	17-7	2
3	JAMES FORMAL	VP HEALTH CARE	ADMIN-HEALTH	NONE	77,000	12	30.00	SALARY	33,000	17-7	3
4	THOMAS NOESEN	VP FIN/TREASURE	ACCT/FINANCE	NONE	29,598	3.08	7.69	SALARY	8,464	17-7	4
5	ALLEN S. GABRYS	CONTROLLER	ACCT/FINANCE	NONE	22,005	3.08	7.69	SALARY	6,293	17-7	5
6	THOMAS KISER	VP SUPP. SERV.	SUPP. SERV.	NONE	29,598	3.08	7.69	SALARY	8,464	17-7	6
7	PAMELA JONES	DIR. - VOL.. SERV.	RECRUIT/PLACM	NONE	24,631	10	25.00	SALARY	10,263	17-7	7
8	DONALD PRIMDAHL	DIR. - BUDGETING	BDGT/GOVT. RE	NONE	25,343	3.08	7.69	SALARY	7,248	17-7	8
9	JANET HISBON	DIR. - PAST. CARE	SPRITUAL SERV	NONE	22,471	4.8	12.00	SALARY	5,186	17-7	9
10	KATHLEEN SCHUPBACH	DIR. - HUMAN RES.	PERSONNEL	NONE	14,757	3.08	7.69	SALARY	4,220	17-7	10
11	ROBIN MCBROOM	INTERGEN. COORD.	ACTIVITIES	NONE	2,556	2	5.00	SALARY	1,278	17-7	11
12											12
13								TOTAL	$ 101,344		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 6/30/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: LIFELINK CORPORATION
Street Address: 331 S. YORK ROAD
City / State / Zip Code: BENSENVILLE, IL. 60106
Phone Number: (630) 521-8034
Fax Number: (630) 521-8067

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATION	DIRECT PROG. COST	65,437,039	12	$ 1,359,594	$ 1,359,594	5,035,321	$ 104,620	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	65,437,039	12	288,168		5,035,321	22,174	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	65,437,039	12	7,710		5,035,321	593	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	65,437,039	12	47,631		5,035,321	3,665	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	65,437,039	12	284,018		5,035,321	21,855	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	65,437,039	12	13,798		5,035,321	1,062	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	65,437,039	12	27,689		5,035,321	2,131	7
8	35	RENTAL EQUIPMENT	DIRECT PROG. COST	65,437,039	12	1,945		5,035,321	150	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,030,553	$ 1,359,594		$ 156,250	25

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1			x	Refinance Mortgage and	***	***	$ ***	$ ***	***	***	$ 161,884	1
2				Capital Projects								2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	**TOTAL Facility Related**						$	$			$ 161,884	9
	B. Non-Facility Related*											
10												10
11												11
12				*** See Attached								12
13												13
14	**TOTAL Non-Facility Related**						$	$			$	14
15	**TOTALS (line 9+line14)**						$	$			$ 161,884	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$ 0** **Line #**

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	0	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	0	2
3. Under or (over) accrual (line 2 minus line 1).	$		3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	0	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	$	0	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	$	0	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	0	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	0	8
	1999	0	9
	2000	0	10
	2001	0	11
	2002	0	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Anchorage of Beecher COUNTY Will

FACILITY IDPH LICENSE NUMBER 0033803

CONTACT PERSON REGARDING THIS REPORT Donald H. Primdahl

TELEPHONE 630-521-8034 FAX #: 630-521-8067

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.	N/A		$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,095 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 121,720
2. Number of Years Over Which it is Being Amortized: 40
3. Current Period Amortization: 3,043
4. Dates Incurred: See Attached

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Long Term Care	123,116	1988	$ 246,000	1
2					2
3	TOTALS	123,116		$ 246,000	3

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	96		1988	1985	$ 2,456,000	$ 37,785	40	$ 61,400	$ 23,615	$ 878,020	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1985 ADMIN. BLDG. RENOVATION			1985	133,538	3,338	40	3,338		89,021	9
10	1986 ADMIN. BLDG. RENOVATION			1986	10,290	257	40	257		6,430	10
11	LAND IMPROVEMENTS (CURBS, LIGHTS, ETC.)			1988	160,000		10			160,000	11
12	WATER CONDITIONER			1988	5,417		20	217	217	4,120	12
13	SIGN RENOVATION			1988	2,490		20	125	125	2,000	13
14	INSTALLATION OF VERTICAL BLINDS			1998	1,582		20	79	79	1,343	14
15	INSTALLATION OF TIME CLOCK			1988	8,273		20	414	414	6,623	15
16	LAND IMPROVEMENTS			1990	5,035		20	252	252	3,527	16
17	COOLED CONDENSERS AND COMPRESSORS			1990	3,782		20	189	189	2,363	17
18	ROOF REPAIRS			1990	15,370		10			15,370	18
19	(20) RADIATOR VALVES			1991	7,200		20	360	360	4,821	19
20	TOILET FRAMES AND OTHER EQUIP.			1991	2,114		20	106	106	1,420	20
21	RUBBER ROOF SYSTEM			1992	74,550		10	3,106	3,106	74,550	21
22	WALK AND PATIO CONSTRUCTION			1992	9,255		10	463	463	9,255	22
23	PATIO FENCE			1992	3,620	90	10	271	181	3,620	23
24	WIRE GLASS DOOR			1992	509	13	20	25	12	280	24
25	CUBICAL CURTINS AND TRACK			1992	5,762	96	20	288	192	3,225	25
26	(49) MIRRORS			1992	4,470		20	224	224	2,508	26
27	SMOKE DAMPERS, FIREWALL AND VENT. RENOV.			1993	1,174	98	20	59	(39)	545	27
28	DUMPSTER PAD			1993	2,450	245	20	122	(123)	1,127	28
29	WANDER SAF-T-LOCK ALARM SYSTEM			1993	16,030	1,603	20	802	(801)	7,406	29
30	SKILLED WING DINNING ROOM RENOVATION			1993	2,900	290	20	145	(145)	1,340	30
31	ISE GARBAGE DISPOSAL			1993	603	55	20	30	(25)	282	31
32	KITCHEN COUNTER AND FIRE DOOR			1994	1,945	195	10	195		1,817	32
33	DINNING ROOM CARPETING			1994	7,832	783	10	783		7,113	33
34	BOILER			1997	3,016	302	10	302		1,684	34
35	3" BACKFLOW PREVENTOR			1999	4,935	493	10	493		2,015	35
36	CARPETING			1999	20,943	2,096	10	2,096		9,076	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	BOOSTER HEATER	1999	$ 977	$ 98	10	$ 98	$	$ 375	37
38	20" MARATON 1200 EXTRACTOR	2001	1,673	167	10	167		404	38
39	WATER SOFTNER	2001	5,700	571	10	571		1,283	39
40	ASPHAL REMOVAL AND REPLACEMENT	2001	22,094	2,210	10	2,210		4,235	40
41	REPAIR AND REPLACE DAMAGED SHOWER STALLS	2002	32,044	3,204	10	3,204		4,915	41
42	REPAIR AND REPLACE DAMAGED SHOWER STALLS	2002	6,400	427	10	427		427	42
43	REPAIR FLOOR IN DINING ROOM	2002	12,639	1,264	10	1,264		1,369	43
44	REPAIR AND REPLACE DAMAGED SHOWER STALLS	2003	6,400	320	10	320		320	44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,059,012	$ 56,000		$ 84,402	$ 28,402	$ 1,314,229	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 71,321	$ 8,109	$ 8,109	$	5 TO 10	$ 47,401	71
72	Current Year Purchases	3,224	457	457		5 TO 10	457	72
73	Fully Depreciated Assets	389,223				5 TO 10	389,223	73
74								74
75	TOTALS	$ 463,768	$ 8,566	$ 8,566	$		$ 437,081	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	RESIDENT OUTINGS	1985 FORD BUS	1197	$ 10,000	$ 1,666	$ 1,666	$	6	$ 9,305	76
77										77
78										78
79										79
80	TOTALS			$ 10,000	$ 1,666	$ 1,666	$		$ 9,305	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 3,778,780	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 66,232	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 94,634	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 28,402	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,760,615	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87	N/A				87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
    Beginning ____
    Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO
16. Rental Amount for movable equipment: $ 5,778 Description: See Attached
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

We hire only certified nursing assistants.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a	hrs	$		$ 72,838	$ 1,993		$ 74,831	1
2	Licensed Speech and Language Development Therapist	10a	hrs			3,990			3,990	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	hrs			77,827	2,048		79,875	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Medicare Therapy	10a				83,166			83,166	13
14	TOTAL			$		$ 237,821	$ 4,041		$ 241,862	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Anchorage of Beecher # 0033803 **Report Period Beginning:** 07/01/2002 **Ending:** 06/30/2003

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/2003 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 33,806	$ 64,558	1
2	Cash-Patient Deposits		193,962	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 72,353)	243,003	2,207,963	3
4	Supply Inventory (priced at Cost)	10,310	60,483	4
5	Short-Term Investments		112,130	5
6	Prepaid Insurance	28,425	290,829	6
7	Other Prepaid Expenses		449,285	7
8	Accounts Receivable (owners or related parties)	19,748	5,446,783	8
9	Other(specify): Grant Rec.	21,500	128,559	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 356,792	$ 8,954,552	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		22,751,133	14
15	Leasehold Improvements, at Historical Cost		702,333	15
16	Equipment, at Historical Cost		5,548,604	16
17	Accumulated Depreciation (book methods)		(16,409,692)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached		5,474,649	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$ 18,988,528	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 356,792	$ 27,943,080	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 143,847	$ 2,245,669	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,082	216,590	28
29	Short-Term Notes Payable	96,820	502,400	29
30	Accrued Salaries Payable	23,683	121,682	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,559	9,691	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable-Related Parties	535,130	17,897,568	36
37	Deferred Revenue		390,368	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 815,121	$ 21,383,968	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	314,665	454,770	39
40	Mortgage Payable			40
41	Bonds Payable		14,724,621	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 314,665	$ 15,179,391	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,129,786	$ 36,563,359	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (772,994)	$ (8,620,279)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 356,792	$ 27,943,080	48

***(See instructions.)**

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (581,338)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (581,338)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(191,561)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	592	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **Non Allowable Costs Excluded**	10,544	15
16	Other (describe) **Depreciation Charge Difference**	(11,231)	16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (191,656)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (772,994)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,845,515	1
2	Discounts and Allowances for all Levels	(2,016,354)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,829,161	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	834,575	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 834,575	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	129,000	10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	8,314	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	13,975	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	4,740	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 156,029	23
	D. Non-Operating Revenue		
24	Contributions	21,191	24
25	Interest and Other Investment Income***	2,118	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 23,309	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,843,074	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	808,445	31
32	Health Care	2,447,814	32
33	General Administration	1,481,212	33
	B. Capital Expense		
34	Ownership	236,937	34
	C. Ancillary Expense		
35	Special Cost Centers	7,667	35
36	Provider Participation Fee	52,560	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,034,635	40
41	**Income before Income Taxes (line 30 minus line 40)****	(191,561)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (191,561)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,945	2,145	$ 57,856	$ 26.97	1
2	Assistant Director of Nursing					2
3	Registered Nurses	20,766	23,852	544,067	22.81	3
4	Licensed Practical Nurses	15,495	17,712	364,532	20.58	4
5	Nurse Aides & Orderlies	61,366	68,578	767,900	11.20	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	3,625	4,030	65,404	16.23	9
10	Activity Assistants					10
11	Social Service Workers	1,930	2,080	41,728	20.06	11
12	Dietician					12
13	Food Service Supervisor	1,975	2,080	41,704	20.05	13
14	Head Cook					14
15	Cook Helpers/Assistants	14,989	16,636	160,854	9.67	15
16	Dishwashers					16
17	Maintenance Workers	3,562	3,910	70,758	18.10	17
18	Housekeepers	11,524	12,836	107,519	8.38	18
19	Laundry					19
20	Administrator	1,920	2,080	76,427	36.74	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,865	8,538	99,087	11.61	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,306	3,742	52,479	14.02	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	150,268	168,219	$ 2,450,315 *	$ 14.57	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 6,380	1-3	35
36	Medical Director		13,775	9-3	36
37	Medical Records Consultant	24	960	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		1,116	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	8	400	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	912	11-3	44
45	Social Service Consultant	13	656	12-3	45
46	Other(specify) Dental		3,456	10-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	61	$ 27,655		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	293	$ 11,669	10-3	50
51	Licensed Practical Nurses	421	16,232	10-3	51
52	Nurse Aides	1,583	32,743	10-3	52
53	TOTAL (lines 50 - 52)	2,297	$ 60,644		53

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Marsha Quale	Administrator	0	$ 76,427
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 76,427

B. Administrative - Other

Description	Amount
NONE	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Lifelink Corporation	Mgmt. Fee	$ 116,281
Lifelink Corporation	Data Processing	29,383
Lifelink Corp. & BHS	Allocated M & G	325,677
Reingruber & Company	Medicare Consultant	4,680
American Express	Billing Review	1,868
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 477,889

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 52,657
Unemployment Compensation Insurance	
FICA Taxes	178,626
Employee Health Insurance	338,735
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Life Insurance / Disability Ins.	12,297
Pension (TSA)	56,557
Staff Medical Exams	3,161
Proffesional Societies/Tuition Reim./Etc.	2,275
Employee Relations	940
Allocation Schedule VII-B	14,618
Allocation Schedule VIII-B	21,855
TOTAL (agree to Schedule V, line 22, col.8)	$ 681,721

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
NONE		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	90
Health Care Worker Background Check	
(Indicate # of checks performed 48)	336
Subscriptions & Referance Pub.	2,699
Association Dues	8,715
Public Relations	963
Allocation Schedule VII-B	134
Allocation Schedule VIII-B	593
Less: Public Relations Expense	(963)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 12,567

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,420
Allocation Schedule VII-B	1,105
Allocation Schedule VIII-B	1,062
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,587

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2002 Ending: 06/30/2003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			$		$	$	$	$	$	$	$	$	$
2	NONE												
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Anchorage of Beecher **#** 0033803 **Report Period Beginning:** 07/01/2002 **Ending:** 06/30/2003

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **NO**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **LSN/AAHSA $4,233**

(3) Did the nursing home make political contributions or payments to a political action organization? **NO** If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **5-10 YRS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **40,691** Line **10-2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **52,560**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **NO** Indicate the amount. $ **0**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **NONE**
d. Have vehicle usage logs been maintained? **YES**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **YES**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **YES**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **YES**
Firm Name: **KPMG** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **NO** If no, please explain. **AUDIT HAS NOT BEEN ISSUED**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees.

DESCRIPTION OF LINE 24, SCHEDULE V:

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
JENNIFER MAGURDER	DIR. OF NURSING	12/4-12/6/02	GALENA, IL	THE ART OF NURSING: CULTURE NOF CHANGE	LSN	$525.00
PAT BAILEY MARY ELLEN KOSKY	ACTIVITIES DIR. ASSIST. ACT. DIR.	10/24/-10/25/02	DECATUR	I.A.P.A. CONVENTION	I.A.P.A.	$705.40

ALL OTHER SEMINARS LESS THAN $250.00:	$1,190.00
ALLOCATED COSTS - SCHEDULE VII B:	$1,105.00
ALLOCATED COSTS - SCHEDULE VIII B:	$1,062.00
SUB-TOTAL	$4,587.40
OUT OF STATE SEMINARS/CONFERENCES	-
TOTAL	$4,587.40

FACILITY ID#: 0033803

FACILITY NAME: ANCHORAGE OF BEECHER
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/02 - 06/30/03

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1.	LINE 10 NURSING & RECORD KEEPING	5,778	
	LINE 35 RENT - EQUIPMENT		5,778
	TO RECLASSIFY RENTAL EQUIPMENT TO PROPER ACCOUNTS PER SCHEDULE XII B #16.		
2	LINE 2 FOOD PURCHASES	231	
	LINE 11 ACTIVITIES	21,460	
	LINE 17 ADMINISTRATIVE	39,785	
	LINE 19 PROFESSIONAL SERVICES		83,173
	LINE 20 FEES, SUBSCRIPTIONS, PROM.	134	
	LINE 21 CLERICAL & GENERAL OFFICE	2,325	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	14,618	
	LINE 24 TRAVEL & SEMINARS	1,105	
	LINE 25 OTHER STAFF TRANSPORTATION	3,428	
	LINE 34 RENT- FACILITY & GROUNDS	87	
	TO RECLASSIFY MANAGEMENT FEES FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		
3	LINE 41 GIFT & COFFEE SHOP	8,314	
	LINE 2 FOOD PURCHASES		8,314
	TO RECLASSIFY COFFEE SHOP EXPENSES		
4	LINE 39 ANCILLARY SERVICE CENTER	71,938	
	LINE 10 NURSING & RECORD KEEPING		71,938
	TO RECLASSIFY PRIVATE PAY DRUGS TO SECTION D		
5.	LINE 17 ADMINISTRATIVE	104,620	
	LINE 19 PROFESSIONAL SERVICES		134,076
	LINE 20 FEES, SUBSCRIPTIONS, PROM.	593	
	LINE 21 CLERICAL & GENERAL OFFICE	3,665	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	21,855	
	LINE 24 TRAVEL & SEMINARS	1,062	
	LINE 25 OTHER STAFF TRANSPORTATION	2,131	
	LINE 35 RENT - EQUIPMENT	150	
	TO RECLASSIFY ALLOCATED MANAGEMENT AND GENERAL COSTS FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		

RECAP ABOVE ENTRIES

LINE 2 FOOD PURCHASES		8,083
LINE 10 NURSING & RECORD KEEPING		66,160
LINE 11 ACTIVITIES	21,460	
LINE 17 ADMINISTRATIVE	144,405	
LINE 19 PROFESSIONAL SERVICES		217,249
LINE 20 FEES, SUBSCRIPTIONS, PROM.	727	
LINE 21 CLERICAL & GENERAL OFFICE	5,990	
LINE 22 EMPLOYMENT BENEFITS & TAXES	36,473	
LINE 24 TRAVEL & SEMINARS	2,167	
LINE 25 OTHER STAFF TRANSPORTATION	5,559	
LINE 34 RENT- FACILITY & GROUNDS	87	
LINE 35 RENT - EQUIPMENT		5,628
LINE 39 ANCILLARY SERVICE CENTER	71,938	
LINE 41 GIFT & COFFEE SHOP	8,314	

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1. ADVACARE

HUNTLEIGH RENTAL	84.00
PLEXUS 2200 RENTAL	1,908.00
FP5000 FOOT	372.00
FLOWTRON LEG PUMP	216.00
CPM MACHINE	1,035.00

2. AMERICAN MEDICAL OXYGEN SALES

PORTABLE LIQUID QXYGEN	212.50

3. KCI THERAPUETICS

WOUND VAC RENTAL	1,950.00
	5,777.50

BENSENVILLE HOME SOCIETY
INDIRECT COSTS
SCHEDULE VIII-B
6/30/2003

RECAP

LINE #	DESCRIPTION	0014258 ANCHORAGE OF BENSENVILLE	0033803 ANCHORAGE BEECHER	0039289 PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-
17	ADMINISTRATIVE	265,130	104,620	100,700
19	PROFESSIONAL SERVICES	56,195	22,174	21,344
20	FEES, SUBSCRIPTIONS, PROM.	1,504	593	571
21	GENERAL OFFICE EXPENSE	9,288	3,665	3,528
22	EMPLOYMENT BENEFITS & TX.	55,386	21,855	21,036
24	TRAVEL AND SEMINARS	2,691	1,062	1,022
25	OTHER STAFF TRANSPORT.	5,400	2,131	2,051
26	INSURANCE	-	-	-
34	RENT-FACILITIES & GROUND	-	-	-
35	RENTAL EQUIPMENT	379	150	144
	TOTAL	395,972	156,249	150,396
	ALLOCATION	19.50%	7.69%	7.41%

		LIFELINK ADMINISTRATION (010)			LIFELINK BOARD & CORPORATE (020)		
LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	928	928	-	-	-	-
17	ADMINISTRATIVE	591,462	105,572	485,890	-	-	-
19	PROFESSIONAL SERVICES	56,928	56,928	-	9,845	-	9,845
20	FEES, SUBSCRIPTIONS, PROM.	2,898	1,260	1,638	-	-	-
21	GENERAL OFFICE EXPENSE	4,568	-	4,568	385	-	385
22	EMPLOYMENT BENEFITS & TX.	118,393	21,132	97,261	-	-	-
24	TRAVEL AND SEMINARS	19,529	6,052	13,477	20	20	-
25	OTHER STAFF TRANSPORT.	17,682	-	17,682	-	-	-
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUND	37,068	37,068	-	-	-	-
35	RENTAL EQUIPMENT	1,262		1,262	-	-	-
	TOTAL	850,718	228,940	621,778	11,470	1,240	10,230

		LIFELINK BUSINESS OFFICE (030)			LIFELINK SUPPORT SERVICES (080)		
LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	114	114	-	-	-	-
17	ADMINISTRATIVE	582,203	16,415	565,788	149,963	10,528	139,435
19	PROFESSIONAL SERVICES	176,324	8841	167,483	1,553	1,553	-
20	FEES, SUBSCRIPTIONS, PROM.	3,821	495	3,326	1,619	229	1,390
21	GENERAL OFFICE EXPENSE	24,008	-	24,008	1,568	-	1,568
22	EMPLOYMENT BENEFITS & TX.	96,406	2,718	93,688	36,115	-	36,115
24	TRAVEL AND SEMINARS	3,414	3,093	321	2,184	2,184	-
25	OTHER STAFF TRANSPORT.	5,207		5,207	4,800	-	4,800
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	68,400	68,400	-	11,460	11,460	-
35	RENTAL EQUIPMENT	301		301	11		11
	TOTAL	960,198	100,076	860,122	209,273	25,954	183,319

		LIFELINK MATERIALS HANDLING (110)			LIFELINK HUMAN RESOURCES (120)		
LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	30	30	-	3	3	-
17	ADMINISTRATIVE	61,678	-	61,678	106,803	-	106,803
19	PROFESSIONAL SERVICES	6,088	-	6,088	36,487	2,763	33,724
20	FEES, SUBSCRIPTIONS, PROM.	733	-	733	623	-	623
21	GENERAL OFFICE EXPENSE	3,377	-	3,377	13,720	-	13,720
22	EMPLOYMENT BENEFITS & TX.	25,075	-	25,075	31,879	-	31,879
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT.	-	-	-	-	-	-
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	960	960	-	26,724	26,724	-
35	RENTAL EQUIPMENT	69		69	302	-	302
	TOTAL	98,010	990	97,020	216,541	29,490	187,051

		BHS BOARD & CORPORATE (020)			GRAND TOTAL		
LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	1,075	1,075	-
17	ADMINISTRATIVE	-	-	-	1,492,109	132,515	1,359,594
19	PROFESSIONAL SERVICES	71,028	-	71,028	358,253	70,085	288,168
20	FEES, SUBSCRIPTIONS, PROM.	-	-	-	9,694	1,984	7,710
21	GENERAL OFFICE EXPENSE	5	-	5	47,631	-	47,631
22	EMPLOYMENT BENEFITS & TX.	-	-	-	307,868	23,850	284,018
24	TRAVEL AND SEMINARS	-	-	-	25,147	11,349	13,798
25	OTHER STAFF TRANSPORT.	-	-	-	27,689	-	27,689
26	INSURANCE	1,220	1,220	-	2,440	2,440	-
34	RENT-FACILITIES & GROUND	-	-	-	144,612	144,612	-
35	RENTAL EQUIPMENT	-	-	-	1,945	-	1,945
	TOTAL	72,253	1,220	71,033	2,418,463	387,910	2,030,553

BENSENVILLE HOME SOCIETY

SECTION XI - LINES 9 & 10

1985 / 1986 ALLOCATION OF RENOVATION COSTS FOR THE CFS BUILDING

	1985	1986
CONSTRUCTION COSTS:	1,735,410	133,721
CURRENT DEPRECIATION:	43,385	3,343

FACILITY FY 2002:	BENSENVILLE	BEECHER	PINE ACRES
FACILITY OPERATING EXP. (A	12,760,682	5,035,321	4,846,697
TOTAL OPERATING EXP. (B)	65,437,039	65,437,039	65,437,039
(A) / (B)	19.50%	7.69%	7.41%

1985 COST PERCENTAGE	338,417	133,538	128,536
1985 DEPRECIATION PERCEN	8,460	3,338	3,213
1986 COST PERCENTAGE	26,077	10,290	9,904
1986 DEPRECIATION PERCEN	652	257	248

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

IX INTEREST EXPENSE

FACILITY NUMBEI NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	47,542
1995A SERIES	123,878
1998 SERIES	1,007,341

LETTER OF CREDIT AND OTHER FEES

1989A SERIES		56,215
1995A SERIES		141,489
1998 SERIES		5,594
	TOTAL	1,382,059

INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	35.5% OF 1989 BONDS	36,849
	13.2% OF 1995 BONDS	35,077
	8.9% OF 1998 BONDS	90,388
	TOTAL	162,314
ANCHORAGE OF BEECHER	44.5% OF 1989 BONDS	46,178
	11.4% OF 1998 BONDS	115,706
	TOTAL	161,884
PINE ACRES CARE CENTER	32.8% OF 1995 BONDS	87,095
OTHER*		970,766
	TOTAL	1,382,059

* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/02 - 06/30/03

FACILITY NUMBER NAME

0033803 ANCHORAGE OF BEECHER

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME SOCIETY	(2) FACILITY	BHS RELATED (1) - (2)
ANCHORAGE OF BEECHER			
REVENUES	37,444,508	4,843,074	32,601,434
EXPENSES	39,797,117	5,034,635	34,762,482
NET INCOME (LOSS) FROM OPERATIONS	(2,352,609)	(191,561)	(2,161,048)

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/0 - 06/30/03

FACILITY NUMBER	NAME
0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET (AFTER CONSOLIDATION)

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	3,992,545
STUDENT LOANS RECEIVABLE	54,855
CASH RESTRICTED FOR STUDENT LOANS	54,551
DEFERRED COSTS AND OTHER INTANGIBLES, NET	1,119,588
OTHER ASSETS, NET	253,110
	5,474,649

LIFELINK CORPORATION

BENSENVILLE HOME SOCIETY

ANCHORAGE OF BENSENVILLE	#	0014258
ANCHORAGE OF BEECHER	#	0033803
PINE ACRES CARE CENTER	#	0039289
PEOTONE SENIOR LIVING CENTER	#	0005066

SCHEDULE VII-A

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

SCHEDULE VII-A3

NAME	CITY	TYPE OF BUSINESS
Hoyleton Youth and Family Services	Hoyleton	Social Services
Hoyleton Children's Home Foundation	Hoyleton	Fund Raising

BENSENVILLE HOME SOCIETY
SCHEDUAL VII-B
6/30/2003

RECAP

LINE #	DESCRIPTION	0014258 ANCHORAGE OF BENSENVILLE	0033803 ANCHORAGE OF BEECHER	0039289 PINE ACRES CARE CENTER
2	FOOD PURCHASES	309	231	231
11	ACTIVITIES	54,579	21,460	15,660
17	ADMINISTRATIVE	53,046	39,785	39,785
19	PROFESSIONAL SERVICES	2,633	1,697	1,637
20	FEES, SUBSCRIPTIONS, PROM.	475	134	67
21	GENERAL OFFICE EXPENSE	4,009	2,325	2,137
22	EMPLOYMENT BENEFITS & TX.	22,127	14,618	14,020
24	TRAVEL AND SEMINARS	1,467	1,105	1,105
25	OTHER STAFF TRANSPORT.	6,278	3,428	3,045
34	RENT-FACILITIES & GROUND	119	87	87
35	RENTAL EQUIPMENT	-	-	-
	TOTAL	145,041	84,871	77,774

VICE PRESIDENT OF HEALTH CARE (020-050)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	727	-	727	291	218	218
11	ACTIVITIES	-	-	-	-	-	-
17	ADMINISTRATIVE	164,150	31,535	132,615	53,046	39,785	39,785
19	PROFESSIONAL SERVICES	3,168	3,168	-	-	-	-
20	FEES, SUBSCRIPTIONS, PROM.	40,317	40,317	-	-	-	-
21	GENERAL OFFICE EXPENSE	2,613	-	2,613	1,045	784	784
22	EMPLOYMENT BENEFITS & TX.	40,733	7,825	32,908	13,163	9,872	9,872
24	TRAVEL AND SEMINARS	3,211	-	3,211	1,284	963	963
25	OTHER STAFF TRANSPORT.	7,800	-	7,800	3,120	2,340	2,340
34	RENT-FACILITIES & GROUND	11,088	11,088	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
	TOTAL	273,807	93,933	179,874	71,950	53,962	53,962
	ALLOCATION %				40.0%	30.0%	30.0%

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	233	233	-	-	-	-
11	ACTIVITIES	82,866	-	82,866	38,947	9,944	4,143
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	853	-	853	401	102	43
20	FEES, SUBSCRIPTIONS, PROM.	964	-	964	453	116	48
21	GENERAL OFFICE EXPENSE	2,698	-	2,698	1,268	324	135
22	EMPLOYMENT BENEFITS & TX.	8,538	-	8,538	4,013	1,025	427
24	TRAVEL AND SEMINARS	1,283	1,283	-	-	-	-
25	OTHER STAFF TRANSPORT.	5,476	-	5,476	2,574	657	274
34	RENT-FACILITIES & GROUND	2,436	2,436	-	-	-	-
35	RENTAL EQUIPMENT	129	129	-	-	-	-
	TOTAL	105,476	4,081	101,395	47,656	12,167	5,070
	ALLOCATION %				47.0%	12.0%	5.0%

VOLUNTEER COORDINATOR(100-200)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	53	-	53	19	13	13
11	ACTIVITIES	41,151	-	41,151	14,403	10,288	10,288
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	6,378	-	6,378	2,232	1,595	1,595
20	FEES, SUBSCRIPTIONS, PROM.	30	-	30	11	8	8
21	GENERAL OFFICE EXPENSE	4,781	-	4,781	1,673	1,195	1,195
22	EMPLOYMENT BENEFITS & TX.	12,298	-	12,298	4,304	3,075	3,075
24	TRAVEL AND SEMINARS	408	-	408	143	102	102
25	OTHER STAFF TRANSPORT.	1,532	-	1,532	536	383	383
34	RENT-FACILITIES & GROUND	6,459	6,144	315	110	79	79
35	RENTAL EQUIPMENT	-	-	-	-	-	-
	TOTAL	73,090	6,144	66,946	23,431	16,737	16,737
	ALLOCATION %				35.0%	25.0%	25.0%

INTERGENERATIONAL(100-245)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	3	3	-	-	-	-
11	ACTIVITIES	24,576	-	24,576	1,229	1,229	1,229
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	-	-	-	-	-	-
20	FEES, SUBSCRIPTIONS, PROM.	219	-	219	11	11	11
21	GENERAL OFFICE EXPENSE	451	-	451	23	23	23
22	EMPLOYMENT BENEFITS & TX.	12,929	-	12,929	646	646	646
24	TRAVEL AND SEMINARS	881	81	800	40	40	40
25	OTHER STAFF TRANSPORT.	956	-	956	48	48	48
34	RENT-FACILITIES & GROUND	2,132	1,962	170	9	9	9
35	RENTAL EQUIPMENT	-	-	-	-	-	-
	TOTAL	42,147	2,046	40,101	2,005	2,005	2,005
	ALLOCATION %				5.0%	5.0%	5.0%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

ANCHORAGE OF BENSENVILLE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	RATE (%)	ALLOCATION TO FACILITY UNADJUSTED	MAXIMUM ALLOWABLE $110,000	EXCESS OVER LIMIT	ADJUSTED ALLOCATION
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	19.50%	62,681	21,451	41,230	21,451
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	19.50%	39,718	21,451	18,267	21,451
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	40.00%	56,614	44,000	12,614	44,000
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	19.50%	30,702	21,451	9,251	21,451
ALLEN GABRYS	CONTROLLER	81,780	-	81,780	19.50%	15,948	21,451	-	15,948
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	19.50%	27,384	21,451	5,933	21,451
PAMELA JONES	DIRECTOR - VOLUNTEER S	41,050	-	41,050	35.00%	14,368	38,500	-	14,368
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	19.50%	18,367	21,451	-	18,367
JANET HISBON	DIRECTOR - PASTORAL CA	43,213	-	43,213	47.00%	20,310	51,700	-	20,310
KATHLEEN SCHUPB	DIRECTOR - HUMAN RESOU	54,844	-	54,844	19.50%	10,695	21,451	-	10,695
ROBIN MCBROOM	INTERGENERATIONAL COO	25,567	-	25,567	5.00%	1,278	5,500	-	1,278
	TOTAL ALLOCATION								210,769

CORPORATE ALLOCATION %

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

$12,760,682 / $65,437,039 = 19.50%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

ANCHORAGE OF BEECHER

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	RATE (%)	ALLOCATION TO FACILITY UNADJUSTED	MAXIMUM ALLOWABLE $110,000	EXCESS OVER LIMIT	ADJUSTED ALLOCATION
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	7.69%	24,734	8,464	16,269	8,464
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	7.69%	15,672	8,464	7,208	8,464
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	30.00%	42,461	33,000	9,461	33,000
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	7.69%	12,115	8,464	3,650	8,464
ALLEN GABRYS	CONTROLLER	81,780	-	81,780	7.69%	6,293	8,464	-	6,293
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	7.69%	10,806	8,464	2,341	8,464
PAMELA JONES	DIRECTOR - VOLUNTEER S	41,050	-	41,050	25.00%	10,263	27,500	-	10,263
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	7.69%	7,248	8,464	-	7,248
JANET HISBON	DIRECTOR - PASTORAL CA	43,213	-	43,213	12.00%	5,186	13,200	-	5,186
KATHLEEN SCHUPB	DIRECTOR - HUMAN RESOU	54,844	-	54,844	7.69%	4,220	8,464	-	4,220
ROBIN MCBROOM	INTERGENERATIONAL COO	25,567	-	25,567	5.00%	1,278	5,500	-	1,278
	TOTAL ALLOCATION								101,345

CORPORATE ALLOCATION %

ANCHORAGE OF BEECHER PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

$5,035,321 / $65,437,039 = 7.69%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

PINE ACRES CARE CENTER

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	RATE (%)	ALLOCATION TO FACILITY UNADJUSTED	MAXIMUM ALLOWABLE $110,000	EXCESS OVER LIMIT	ADJUSTED ALLOCATION
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	7.41%	23,807	8,147	15,660	8,147
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	7.41%	15,085	8,147	6,938	8,147
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	30.00%	42,461	33,000	9,461	33,000
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	7.41%	11,661	8,147	3,514	8,147
ALLEN GABRYS	CONTROLLER	81,780	-	81,780	7.41%	6,057	8,147	-	6,057
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	7.41%	10,401	8,147	2,253	8,147
PAMELA JONES	DIRECTOR - VOLUNTEER S	41,050	-	41,050	25.00%	10,263	27,500	-	10,263
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	7.41%	6,976	8,147	-	6,976
JANET HISBON	DIRECTOR - PASTORAL CA	43,213	-	43,213	5.00%	2,161	5,500	-	2,161
KATHLEEN SCHUPB	DIRECTOR - HUMAN RESOU	54,844	-	54,844	7.41%	4,062	8,147	-	4,062
ROBIN MCBROOM	INTERGENERATIONAL COO	25,567	-	25,567	5.00%	1,278	5,500	-	1,278
	TOTAL ALLOCATION								96,386

CORPORATE ALLOCATION %

PINE ACRES CARE CENTER PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

$4,846,697 / $65,437,039 = 7.41%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

SUMMARY

NAME	POSITION	TOTAL EXCLUDED ALLOCATION	TOTAL ADJUSTED ALLOCATION
CARL ZIMMERMAN	PRESIDENT	73,159	38,062
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	32,413	38,062
JAMES FORMAL	VP HEALTH CARE	31,535	110,000
THOMAS NOESEN	VP FINANCE / TREASURER	16,415	38,062
ALLEN GABRYS	CONTROLLER	-	28,298
THOMAS KISER	VP SUPPORT SERVICES	10,528	38,062
PAMELA JONES	DIRECTOR - VOLUNTEER SERV.	-	34,893
DONALD PRIMDAHL	DIRECTOR - BUDGETING	-	32,590
JANET HISBON	DIRECTOR - PASTORAL CARE	-	27,656
KATHLEEN SCHUPB	DIRECTOR - HUMAN RESOURCES	-	18,977
ROBIN MCBROOM	INTERGENERATIONAL COORD.	-	3,835
	TOTAL	164,049	408,499